Director's Signature:	(185
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Time Log/Program / Area: \_ 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Employee Name:	<u> </u>	Const. Office	Week Ending: April 17, 2010													
	Dave	Sunday 04/11/10	Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10			
Corbett, Kate	Day: In – Out		690 -	PU	(PY)						745	2:45	\$			
451670000	Lunch: Out – In		Day	1780	HEN	130					12:00	19:50				
Employee Signature	Outside Duty: From – To				160		10.40	435			10					
Document exceptions or comments, indic amount.	ate type and				Cantor	35P	(owell		low	3110124	Conf					
Dookhan,Annie	Day: In – Out		1:45	315	1,45		1:45	315	6:45	30	6.45			10 m		
45161000	Lunch: Out – In		1203	1230			1200	1230	1200	1230	(6)	10				
Employee Signature	Outside Duty: From – To				100					. \2						
Document exceptions or comments, indicamount.	ate type and				and	Storg					4.05	) AC				
Feiden, Stacey	Day: In – Out		8:40	4:40	8:10		8:10	4:10	8.75	1:25	Q 20	H'2N		39.42		
8400-9745	Lunch: Out – In		15:00	12:30			12:00	12:30	0 200	12:30	13.12	130				
Employee Signature	Outside Duty: From – To				8.45	1:10			0.0	1650	ICCO	K-00				
Document exceptions or comments, indicamount.	ate type and				BNC	I		I	3,08	2)C				25.55 25		
Frasca, Daniela	Day: In – Out	100 March 100 Ma	7:30	3:30	6.45	3.85	7.00	3:00	646	2145	1.:07	·7:~		#E (*)		
45161000	Lunch: Out – In		1:30	2100		1:30			1:20			2:45				
Employee Signature	Outside Duty: From – To					1.3/2	6	Berg	1,000	1.60	12:30	1.00				
Document exceptions or comments, indicamount.	ate type and															

	() nc	
Director's Signature:	$\langle A5 \rangle$	-
Employee signatures on this time short and if it		

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 17, 2010

Employee Name:		Sunday 0	A141/40	Manday	44040	T =		·		K Ending:		<u>,                                    </u>			<u>.                                    </u>
	Day:	Guilday (	4/11/10	Monday 0	14/12/10	Tuesday 04	1/13/10	Wednesday	04/14/10	Thursday	04/15/10	Friday 04/1	6/10	Saturday (	4/17/10
Glazer,Lisa	In – Out	7.00		045	2,4	6215	656	6:45	2145	1845	246	1345	2:45		
45161000	Lunch: Out – In	200	And The Control of th	12:00	(230	Bar	1730	13,00	1990	12,00	12:35	12:00	12:30		
Employee Signature	Outside Duty: From – To					100	2:45	-		100	112,100	10	10		18 (18 <u>18 18 18 18 18 18 18 18 18 18 18 18 18 1</u>
Document exceptions or comments, indicar amount.	te type and					Carty	300								
Lawlef, Michael	Day: In – Out		100 (100 (100 (100 (100 (100 (100 (100	800	430	\$15	415			858	555	1020	630	750	46
4516/1000	Lunch: Out – In	_		135	205	140	210			120	150	110	140	70 886	1230
Employee Signature	Outside Duty: From – To		A Sept.												V-20 s
Document exceptions or comments, indicar amount.	te type and							Per-1	,5				1	071	l 7,5
Medina, Nicole	Day: In – Out			1:45	345	747	340	7:45	3:45	7:45	2:45	7.55	355	ىت. ئەتىر	2:55
45161000	Lunch: Out In			12	1230	12	1230	1200	1230	12		1200	1230	n	123
Employee Signature	Outside Duty: From – To	70 70 (2) 70 (2)		845	9',30							154			14
Document exceptions or comments, indicat amount.	te type and			0,75,	sac V		-			1.0 h	√ ·			OT	7.5
O'Brien, Elisbeth	Day: In – Out			900	330	၁ <sub>၇</sub> ၀	Ja	000	130	145	245	725	225		
45161000	Lunch: Out – In			1 (60	100	1/20	/ 50,	1130	1200	1130	1200	1/30	1200		
Employee Signature	Outside Duty: From – To						, ,	1 1		H			10		
Document exceptions or comments, indicat amount.	te type and			Per	3.5	CiH	/10	Sic	3.0 12nox				<u> </u>		

Director's Signature:			BS	5		e e e e e e e e e e e e e e e e e e e		Time I	Log/Progra	am / Area:	2048 Bost	ton Drug Lah			
Employee signatures on this time she	et certify the emp	ployee has performed	the wor	ork associa	ited with the	account(s) l	isted.					on Drug Lab			
	<u></u>								Wee	k Ending:	April 17	', 2010			
Employee Name:	• .	Sunday 04/11/10	1	Monday 04	4/12/10	Tuesday 0	4/13/10	Wednesday	/ 04/14/10	Thursday (	04/15/10	Friday 04/1	6/10	Saturday 0	4/17/10
Philips, Gloria	Day: In – Out		8	3:45	-4:45-										7
45161000 — Pi M	Lunch: Out – In			2100	12:30	-	<u> </u>								
Employee Signature	Outside Duty: From – To	Totals													
Document exceptions or comments, indica amount.	ate type and					CMT	7,5	CMT	7.5	PER!	7,5	CMT	7.5		16 (19 miles)
Piro, Peter	Day: In – Out		Ŝ	555	455	745	345	83	430	845		815	415		100 mm m
4516 000	Lunch: Out – In	11000		220	100	12	238	12-	1230			12	1238		
Employee Signature	Outside Duty: From – To									9.30- South B	3:30				2.00
Document exceptions or comments, indica amount.	ate type and														
Renczkowski, Daniel	Day: In – Out		7	300	400	645	245	DIC	310	-745	345	300	400	615	245
45161000	Lunch: Out – In	100	د	000	1230	1200	1230	1200		1145		1200	1230	1200	1232
Employee Signature	Outside Duty: From – To					_						100	1330	1300	120

Saunders, Della

amount.

45161000 July Sun

Employee Signature From – To

Document exceptions or comments, indicate type and amount.

Document exceptions or comments, indicate type and

OT 7.5

Director's Signature:	(1955)
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Time Log/Program / Area: 2048-Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 17, 2010

Employee Name:		Cu-d	4144140			1		·		K Ending:	April 17	, 2010			
p	Davis	Sunday 0	4/11/10	Monday (	0412/10	Tuesday 0	4/13/10	Wednesda	y 04/14/10	Thursday (	04/15/10	Friday 04/1	6/10	Saturday 04	/17/10
Spraque, Shirley	Day: In – Out			910	510	900	510	905	510	905	505	1130	410		
45161000	Lunch: Out – In			100	(SE)	1220	100	100	130	100	130	45	ر چننج		
Émployee Şignature	Outside Duty: From – To											-	<u> </u>		
					I		1	<u> </u>	I		<u> </u>				12 Hall S
Document exceptions or comments, indic amount.	ate type and		Torrest Control of Con									VAC.	3. hen	land and the second	
Tan, Zhi	Day: In – Out			6:45	10.41	6:41	2:15	6:45	2:45	6:80				6:45	- 2:45
45161000	Lunch: Out – In					11:45	12:15	11:50	12:20					12.00	12:37
Employee Signature	Outside Duty: From – To													<i>~</i> ~	
Document exceptions or comments, indicamount.	ate type and	A TOURS OF THE PROPERTY OF THE		The 1.5 hi	Congst Cost Thinks					HPLE	Somme	The Comp	leins 7	OT	75
	Day:			050	1.20		T	64 0		7.7		<u></u>	ر ک	U 1	レーレ
Tran, Mai	In – Out			8>0	1.200			830	4	,		815	215		
45161000 WWW WWW	Lunch: Out – In				-			1130	12				7 -	- 38	
Employee Signature	Outside Duty: From – To			A S S S S											
Document exceptions or comments, indicamount.	ate type and			45	omp.				<u> </u>						
	T	200													
	Day: In – Out														
45161000	Lunch: Out – In														
Employee Signature	Outside Duty: From – To														
Document exceptions or comment		THE STATE OF THE S			L										
<u>Document exceptions or comments, indicamount.</u>	ate type and														

See email

Director's Signature:		•		•		-		Time I	on/Program	m / Area:	Drug An	alveie I	ab Boston		
Employee signatures on this ti	me sheet certif	y the emp	loyee has	performed	the work	associated	with the		ogn rogra	mi Alea	Diag All	alysis Li	an Bostoti		•
account(s) fisted.									Weel	Ending:					
Employee Name:		Sunday		Monday		Tuesday	· .	Wednesda	ay	Thursday		Friday		Saturday	
Salemi Charles 45161000	Day: In – Out			945	600	lood	615	1000	615	835	300	945	600		
72/0	Lunch: Out – In			1205	1250	100	1295	1205	1250		1253		1245		
Employee Signature	Outside Duty: From – To							-				16	1295	-	
Document exceptions or comments, indicamount	ate type and		• .	-		-				VA	c hrs	The state of the s			
	Day: ln – Out						,								
	Lunch: Out – In			•											
Employee Signature	Outside Duty: From – To													•	
Document exceptions or comments, indicamount.	ate type and						· ·				NAME OF THE PARTY		-		
	Day: In – Out														
	Lunch: Out – In			• • •											
Employee Signature	Outside Duty: From – To													· .	
Document exceptions or comments, indi amount.	cate type and				•				<u> </u>		<u> </u>		<u> </u>	·	
	Day: In – Out			-									-		
	Lunch: Out – In								·	:					
Employee Signature	Outside Duty: From – To	-		·										· · · · · · · · · · · · · · · · · · ·	
Document exceptions or comments, indi amount	cate type and									-			1		

Director's Signature:

## William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Em	iployee:	isted Below		Employee	#: <u>L13 ked Belo</u> n
Department:	David	abaeataey			
Date(s) of ov	vertime work	: 4/17/10			
# of hours re	quested: <u>L</u>	sted Below			4
Why work ca	annot be con	pleted during re	gular hours: <u></u>	îgnificavt,	BacKlig it Fangir
Overtime is t		d at OT rate	added to con	np time balanc	e
OT Account:	8100-	9745	-		
Approval: Supervisor: Department	Head:	Jalemi Wie /	Lasut	Date	(1.50)
Denial reaso	n:				
an dispersion to here, in which is always and the	the experiment of the property of the comment of th	okiza oriogisti (Artushishi) jazoj zamoune voori teori en elili (Artistus Viljokishis	o nymotony, ataonin'ny soly avon'ny rondronana mandronana ny la	e de a versage benedig de aleksje met engele Makkel diver (j. de j. a. de aleksje en ale	7 7 7 7 7 7 7 7 7
Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawlee	120459	7,5MS			
ricole Medina	285766	7.5 hes			
rct lenzekanski	297673	7.5hes			
rct lerczkarski eila Saunakes	147387	7,5 hes			
Zhi Tav	148724	7.5 hrs			